

## Sales Tax Office Account Maintenance Form

- If you are cancelling your account this form must be complete upon submission.
- To expedite this process please email this form to <a href="mailto:salestax@springsgov.com">salestax@springsgov.com</a> or you may mail to City of Colorado Springs, Sales Tax, PO Box 1575, Colorado Springs, CO 80901-1575.
- There is no fee to update your account. We will contact you for additional information if your FEIN# has changed.

This form must be completed in its entirety; all incomplete forms will not be processed. Write N/A if not applicable.

Name of Business (entity):  DBA (doing business as):  Business Address (retail location / cannot use PO Box):  Business City State: Zip Code:  Attention:  Mailing Address (PO Box is acceptable for a mailing address):  Mailing Address (PO Box is acceptable for a mailing address):  Mailing City: State: Zip Code:  Telephone Number: / - Ext:  Secondary Number: / - Ext:  Email: Website:  Primary Contact First & Last Name: Primary Phone:  Email: @  Has your Federal Identification Number changed recently (yes/no)? If yes, list here:  Has the name of your entity been changed recently (yes/no)? If yes, attach IRS letter 147C.  Has the name of your DBA (doing business as) changed recently (yes/no)?  If yes, what is your new DBA (write see above if listed)?  Are you requesting to change your filing frequency (yes/no)? What frequency do you request?  If no longer in business, list your cancellation date here (month/date/year):  Official Use Only  Employee Initials:  Printed Name (First/Last):  Date Received:  Date Processed:  Email:	Account Number (customer ID / tax license number):			Today's Date:
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